

Seropositivity Rates by County, 2011*

- None
- Less than 1.0%
- 1.0-1.4%
- 1.5-1.9%
- Greater than 2.0%

*statewide 1.1%



FLORIDA DEPARTMENT OF
HEALTH

Executive Summary

In 2011, 420,587 HIV tests were conducted at Florida's registered testing sites, representing a 2.4% increase (9,909 tests) over the previous year. This marks the 2nd consecutive year that the number of HIV tests performed in Florida exceeded 400,000.

Increases in testing were recorded among all racial/ethnic groups, but especially in blacks (3.5% or 6,429 tests). The Expanded Testing Initiative continued in 2011 focusing on all minorities and men who have sex with men (MSM) of all races. This program contributed to the continued increase in testing. As with previous years, persons who reported heterosexual sex as their highest risk represented the majority of the tests. For the third straight year, rapid testing accounted for the largest number of tests with 56.1%, followed by blood at 34.3% and OraSure at 9.6%.

The number of positive tests in 2011 increased by 2.2% (101) over 2010 and the overall positivity rate remained 1.1%. MSM account for 42.9% of all positive tests reported in 2011, yielding a positivity rate of 5.6%. Although heterosexuals represent 58.2% of all testing and 21.7% of positive results, the positivity rate for this risk group is only 0.4%. Blacks and adults age 30 and older continue to record higher than average positivity rates. An emerging trend is higher positivity rates among Hispanic MSM.

Historical Overview

Since 1985, when the Florida Department of Health (DOH) began collecting data on HIV testing at registered testing sites across the state, over 6 million anonymous and confidential tests have been conducted. Today over 1,600 public and private sites are registered with the DOH to provide HIV counseling, testing, and linkage services. Social and demographic data including risk behaviors, are collected at these sites, and are compiled along with test results by the Prevention Section of the HIV/AIDS and Hepatitis Program in Tallahassee. While this database is currently not unduplicated, and as such cannot be used to provide data on the number of individuals tested, it does constitute a record of the number of tests conducted. It is a crucial indicator about the nature and direction of the epidemic, and is used to inform and evaluate HIV prevention activities and policy making at the state and local level.

Figures 1a and 1b show testing trends in Florida between 1990 and 2011. **Figure 1a** illustrates all HIV tests (regardless of test result) and positivity rates. **Figure 1b** illustrates HIV tests with a positive result and positivity rates. Testing levels increased rapidly through the early 1990s and remained fairly steady during the mid-1990s and early to mid 2000s, with a marked increase since 2006. In 2011, there were 420,587 HIV tests conducted at publicly funded facilities in Florida. Of these tests, 4,642 had a positive result. Compared to 10 years ago (2001), the number of HIV tests increased by 149,207 (55.0%). In contrast, positivity rates remained fairly stable between 1996 and 2003 but have generally declined since. For both 2010 and 2011, the positivity rate was 1.1 percent, or about 11 positive results for every 1000 tests performed. Although not shown, these rates dropped sharply in the 1980s as more people at relatively lower risk began to get tested.

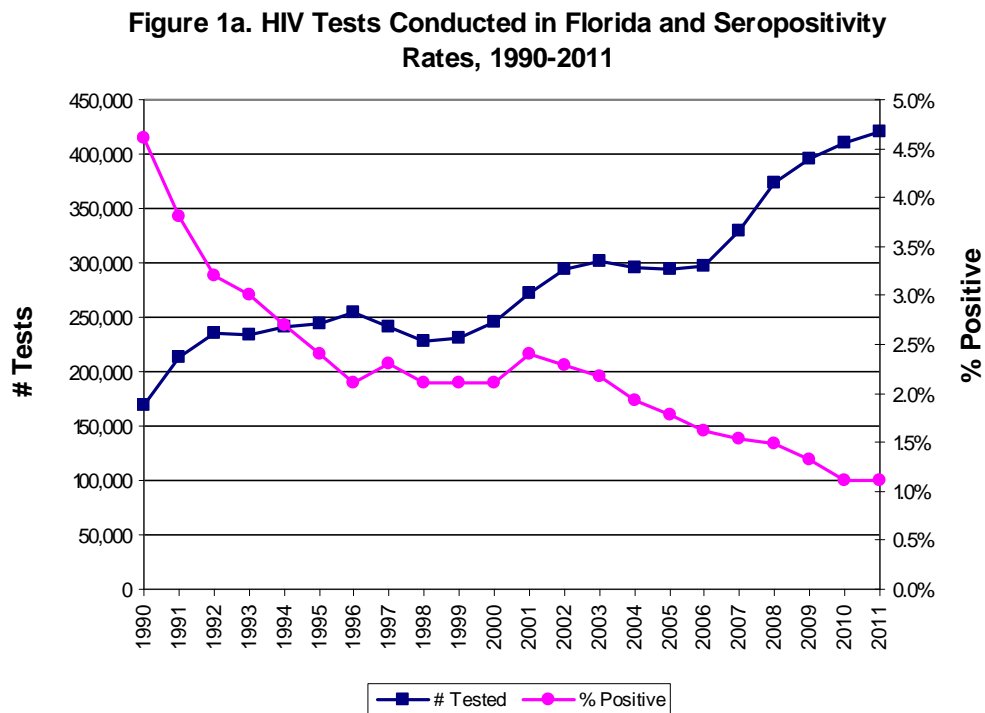


Figure 1b. HIV-Positive Tests in Florida and Seropositivity Rates, 1990-2011

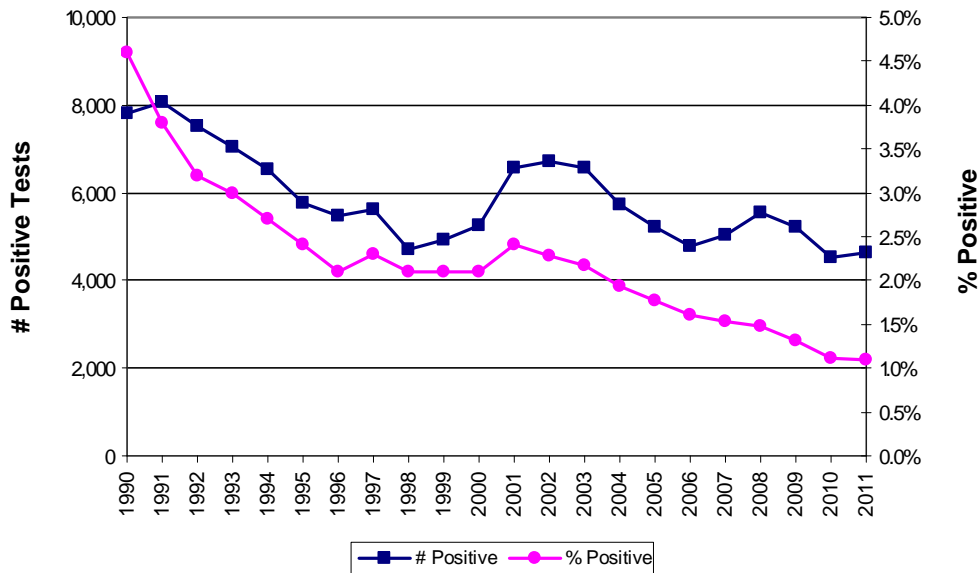


Figure 2 compares testing levels at both anonymous sites and confidential sites by calendar quarter between 2002 and 2011. Some observable patterns may be seasonal (more people get tested for HIV in the spring) or related to specific events. Sharp increases in testing numbers have been recorded in the weeks around National HIV Testing Day which occurs annually on June 27.

Anonymous testing has steadily declined over the past 10 years, accounting for only 0.6% of all tests conducted in 2011, compared to 11.7 % in 2002. In contrast, confidential testing continues to increase annually.

Figure 2. Number of HIV Tests Completed at Anonymous Sites and at Confidential Sites in Florida, by Calendar Quarter, 2002-2011

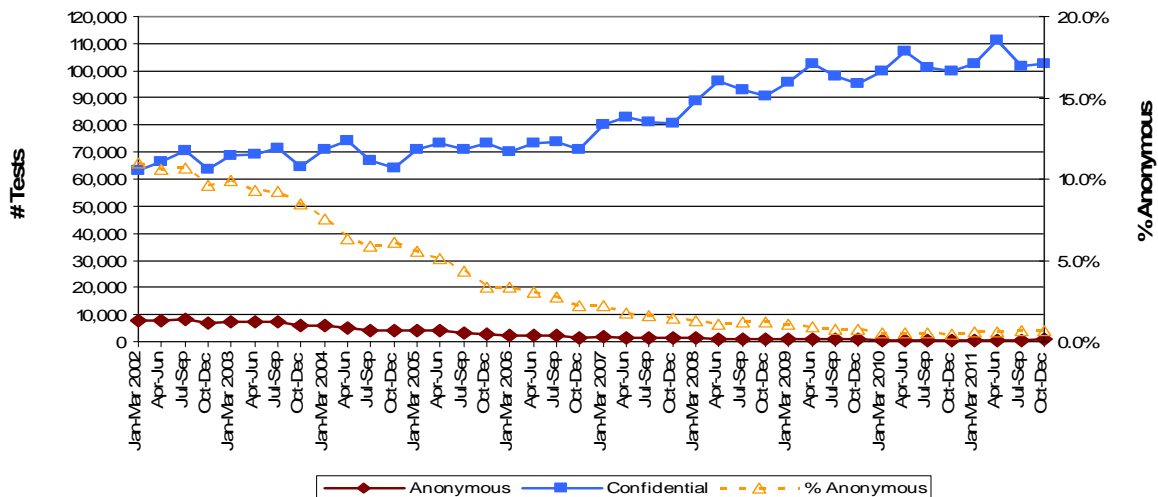


Figure 3a displays a 10-year trend in anonymous and confidential testing within two high-risk groups: men who have sex with men (MSM)¹ and injection drug users (IDU). Overall, anonymous testing is decreasing to a very small amount while confidential testing is increasing steadily. The MSM risk group has seen the biggest change. From 2002 to 2011, confidential testing for MSM increased 215.6% (23,861 tests) while anonymous testing for MSM decreased 88.4% (6,091 tests). For the IDU risk group, confidential testing increased 59.0% (6,347 tests), while anonymous testing decreased 96.3% (842 tests).

Figure 3a. Number of HIV Tests Completed at Anonymous and Confidential Sites, MSM and IDU Risk Groups, 2002-2011

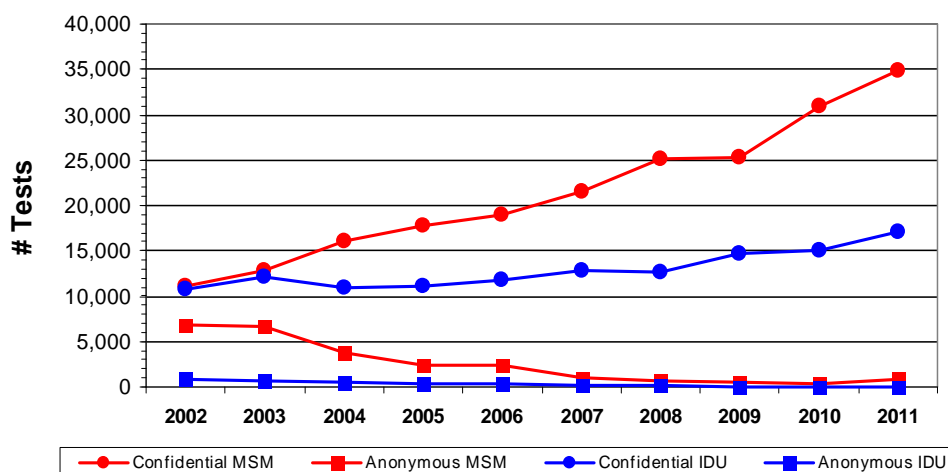
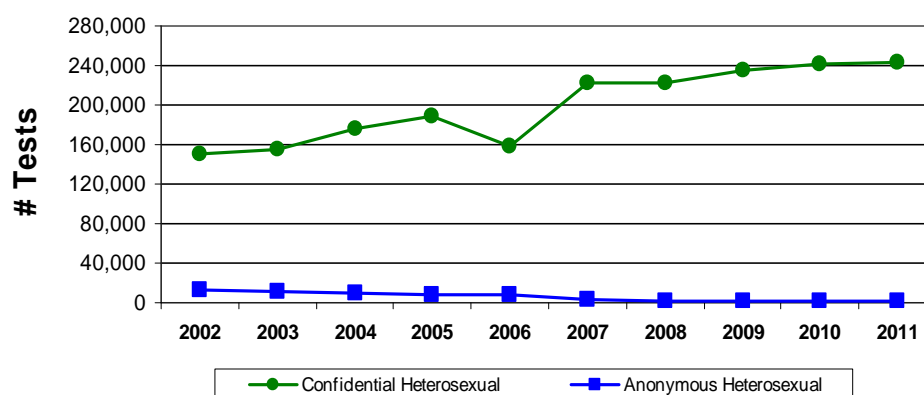


Figure 3b shows anonymous testing and confidential testing trends among those who identified heterosexual sex as their highest risk factor. From 2002 to 2011, the number of confidential tests among heterosexuals has increased 61.9% (93,174 tests) while the number of anonymous tests decreased 90.3% (11,503 tests). This high-volume, typically low-risk group accounts for a very large proportion of all HIV tests.

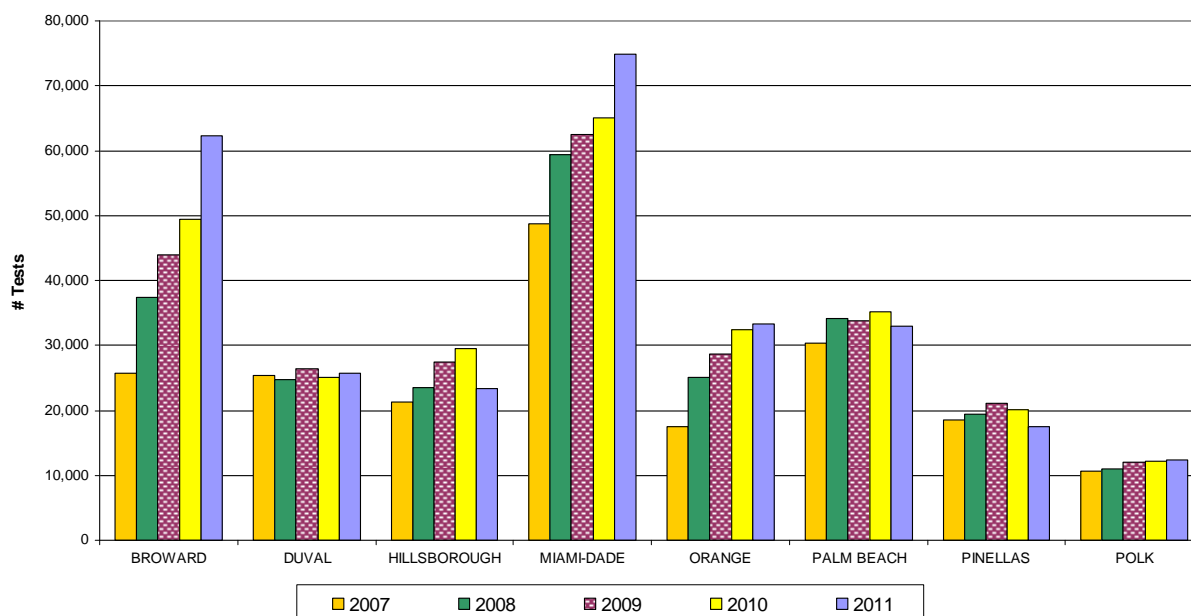
Figure 3b. Number of HIV Tests Completed at Anonymous and Confidential Sites, Heterosexual Risk Group, 2002-2011



¹ The MSM category here includes MSM who are also injection drug users (MSM + MSM/IDU). The IDU category here includes non-MSM injection drug users.

Testing volumes during the past five years for the top eight counties in Florida are shown in **Figure 4**. These eight counties are: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas and Polk. Together, these counties account for 67.1% of all HIV tests conducted in 2011. Overall, the amount of testing in these eight counties increased by 42.6% (84,399) between 2007 and 2011. Five of these counties had an increase in testing between 2010 and 2011. Broward County had the largest increase at 25.8%, increasing from 49,507 tests in 2010 to 62,262 tests in 2011. Miami-Dade County had an increase of 15.1%, increasing from 65,065 tests in 2010 to 74,921 tests in 2011. Among these high volume counties, Hillsborough, Pinellas, and Palm Beach counties had decreases in testing volumes between 2010 and 2011.

Figure 4. HIV Testing Levels Among Florida Counties that Perform More than 10,000 HIV Tests per Year, 2007-2011



About 80% of the 130,000 (estimated) persons with HIV in Florida know they are infected. Since 1999, the DOH has focused on increasing the proportion who know their HIV status. A variety of strategies have been pursued, including: the increased use of OraSure and rapid testing in outreach settings, testing in clinical settings such as emergency departments, improved risk assessment and targeted testing, increased testing in correctional settings, increased emphasis on partner services, expansion of non-traditional, community-based testing programs, increased use of mobile vans, directly-funded Centers for Disease Control and Prevention (CDC) testing programs, a social marketing campaign encouraging persons at risk for HIV to be tested, expanded testing and outreach focusing on minority populations and expanded testing and outreach focusing on MSM. Undoubtedly, these strategies have played a role in the 55.0% increase in overall testing between 2001 and 2011.

In addition to these successful strategies, reports released by the DOH and resulting mobilization initiatives have led to increases in testing. In 2008, a report titled “Organizing to Survive” was released by the DOH. This led to a growing grass-roots effort known as S.O.S. (Sistas Organizing to Survive). Following a statewide conference, local areas had their own S.O.S.

conferences that empowered women to know their status and encouraged their friends and family to know their status as well. S.O.S. also established a goal to test 100,000 black women each year by 2010. This goal was achieved in both 2010 and 2011 with 100,715 tested in 2010 and 103,693 tested in 2011.

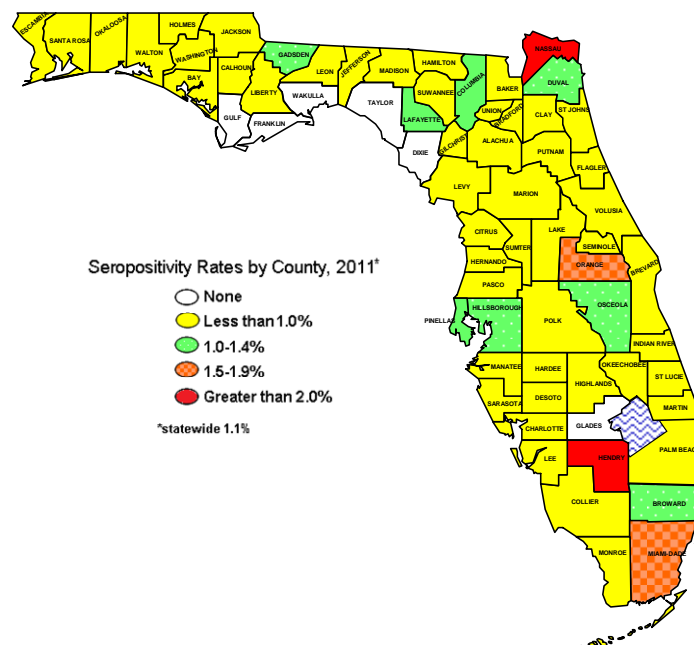
The Expanded Testing Initiative (ETI) continued in 2011, with the goal of testing more minorities and MSM of all races and ethnicities. The ETI initiative expanded testing in clinical and non-clinical settings. Twelve counties conducted ETI testing in 2011, including: Alachua, Broward, Collier, Duval, Hillsborough, Manatee, Miami-Dade, Orange, Osceola, Palm Beach, Pinellas and Saint Lucie. Data from this initiative can be found later in this document.

Our faith initiative has been successful in increasing HIV testing among those communities. For 2012, the new minority initiative is to increase Latino/a testing in Florida; 112,000 in 2012. This goal was set after over 99,000 Hispanics tested in 2011.

HIV Counseling and Testing in 2011

In 2011, 420,587 HIV tests were performed at registered HIV testing sites in Florida. Of these, 4,642 were positive, resulting in an overall positivity rate of 1.1%. Positivity rates for individual counties are shown in **Figure 5**. (Data are also available in table form in Appendix Table 1). Hendry County recorded the highest positivity rate (5.0%) followed by Nassau County (3.2%); however, the numbers are very small in these two counties. Overall, five counties reported positivity rates higher than the state average of 1.1% for 2011: Hendry, Nassau, Miami-Dade, Orange and Hillsborough. Six counties reported no positive HIV tests in 2011: Gulf, Franklin, Wakulla, Taylor, Dixie, and Glades.

Figure 5.
HIV Seropositivity Rates by County, Florida, 2011



As always, these data should be viewed critically. While low positivity rates may be an accurate representation of HIV prevalence in a given area, they may also indicate that high-risk populations are not being reached. Conversely, high positivity rates could indicate access by high-risk populations, or they may be a result of operational factors, such as a standard recommendation that all clients receiving a positive result seek a retest. Additional counseling and testing data for individual counties are available from the Prevention Section or at www.floridaaids.org

Race/Ethnicity

There are important racial/ethnic variations in HIV testing. **Figure 6a** shows that in 2011, blacks accounted for the greatest proportion of all tests (45.0%, 188,821). Hispanics accounted for 23.6% (99,266) and whites accounted for 27.7% (116,603) of persons tested.

Blacks accounted for slightly more than one-half (52.5%, 2,435) of all the positives (**Figure 6b**), with a positivity rate of 1.3%. Hispanics accounted for 22.0% (1,020) of all positive tests with a positivity rate of 1.0%. Whites accounted for another 22.0% (1,023) of all positive tests with a positivity rate of 0.9%. Testing among American Indians, Asians, and other racial/ethnic groups was minimal; when combined, they account for 1.8% of all tests and 1.3% of positives.

Figure 6a. Total HIV Tests by Race/Ethnicity, Florida, 2011 (N=420,587)

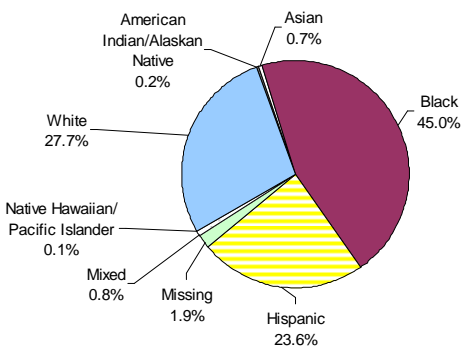


Figure 6b. HIV-Positive Tests by Race/Ethnicity, Florida, 2011 (N=4,642)

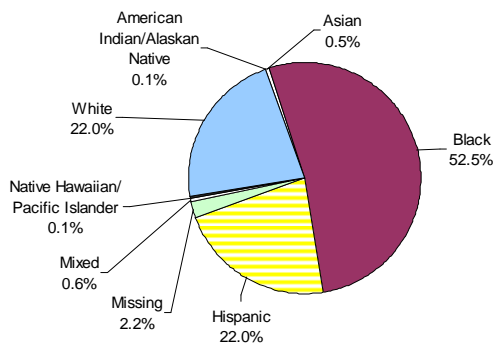
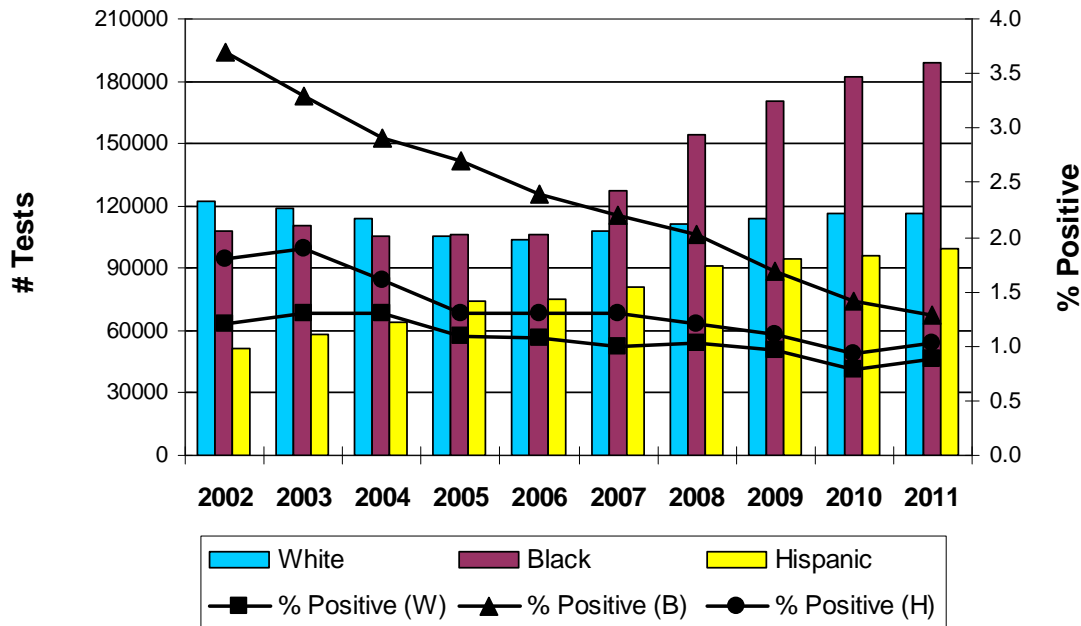


Figure 6c illustrates the number of HIV tests and positivity rates by race/ethnicity from 2002 through 2011. The positivity rates for blacks, Hispanics and whites all show a general decline over the past decade. For whites and Hispanics, there was a slight increase in the positivity rate between 2010 and 2011. For blacks, the positivity rate has been steadily declining although this rate remains higher than that of whites or Hispanics.

There have been modest but steady increases in the amount of testing for whites and Hispanics over the past five years. There have been more pronounced increases in the amount of testing for blacks over the past five years, but it appears that the rate of this increase is slowing down.

Figure 6c. Number of HIV Tests & Positivity Rates by Race/Ethnicity, Florida, 2002-2011



Sex/Gender

Figure 7a shows the number of HIV tests and **Figure 7b** shows HIV-positive tests by sex for 2011. Females account for 54.6% (229,726) of HIV tests and males account for 44.4% (186,624). However, males account for the greatest number of positive tests (72.6% or 3,372), with a positivity rate of 1.8%. Females account for 25.4% (1,180) of positive tests with a positivity rate of 0.5%. The low rate among females is possibly due to large volumes of testing for low-risk patients in family planning and prenatal care settings.

Figure 7a. Total HIV Tests by Sex, Florida, 2011 (N=420,587)

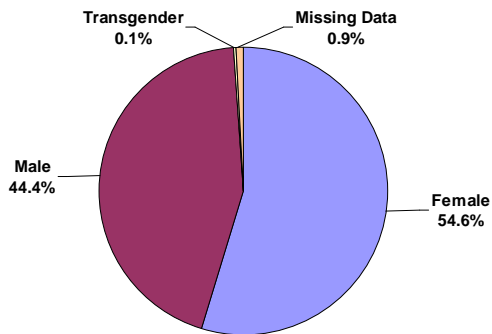
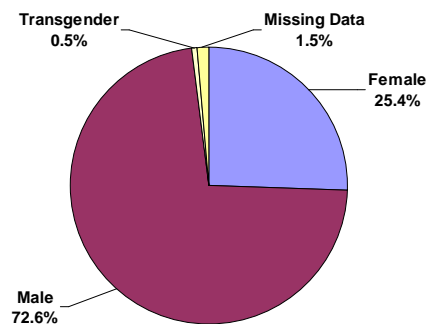
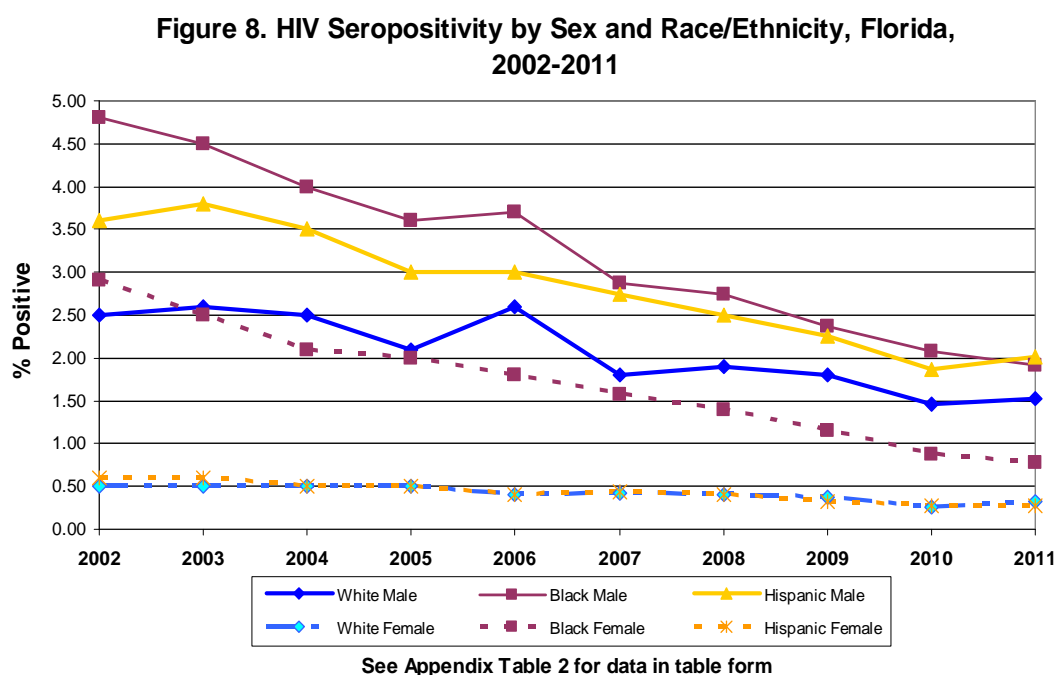


Figure 7b. HIV-Positive Tests by Sex, Florida, 2011 (N=4,642)



Positivity rates for males and females by race/ethnicity are shown in **Figure 8** (also see Appendix Table 2 for a data table). Positivity rates vary noticeably by race/ethnicity and sex. For the period 2002 to 2010, black males had the highest positivity rate. However, in 2011 the positivity rate for Hispanic males exceeded the rate for black males. Since 2003, females in all ethnic/racial groups have had lower positivity rates than males. The rate for black females is higher than the rates for Hispanic or white females. There were slight increases in positivity rates between 2010 and 2011 for Hispanic males, white males and white females. From 2002 to 2011, the positivity rate for black females declined from 2.9% to 0.8% and the rate for black males declined from 4.8% to 1.9%. Hispanic females have historically had one of the lowest positivity rates.



Age

Figure 9a shows the number of HIV tests by age group and **Figure 9b** shows HIV-positive tests by age group for 2011. As with other demographics, the distribution of HIV-positive tests does not mirror the distribution of total HIV tests by age group. Persons between the ages of 20 and 29 represent the largest testing population at 42.7% (179,634), but account for only 29.0% (1,347) of positive tests. Persons age 50 and older make up only 9.6% (40,494) of total tests, but disproportionately account for 18.5% (857) of positive tests. Conversely, persons under the age of 20 account for 13.8% (58,002) of the tests but only 3.8% (177) of the positive tests. For 2011, no person under the age of 13 tested positive for HIV in the Florida Counseling, Testing and Linkage Program (CTL).

Figure 9a. Total HIV Tests by Age Group, Florida, 2011 (N=420,587)

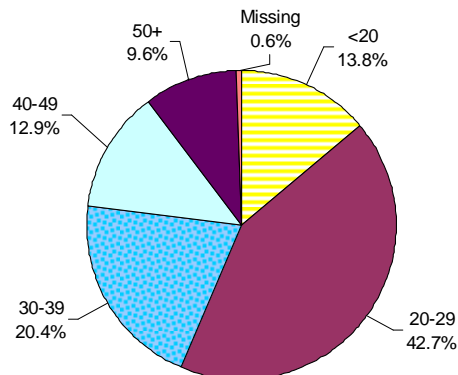
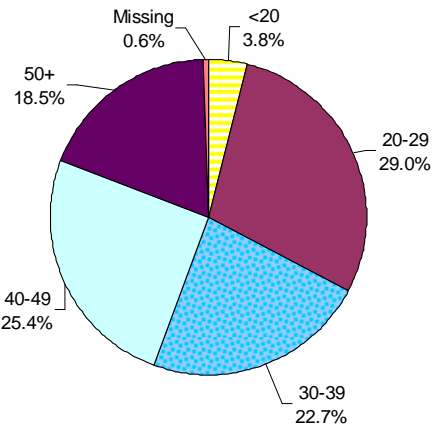


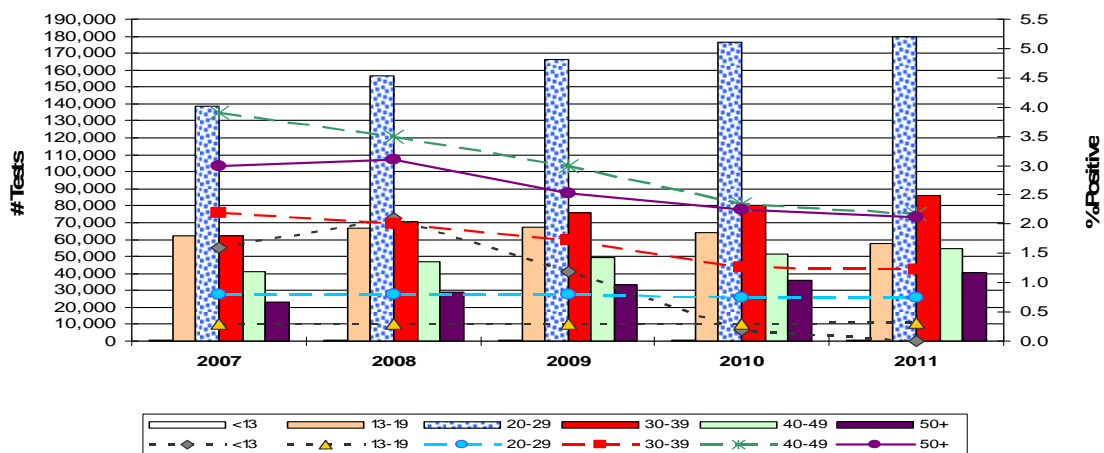
Figure 9b. HIV-Positive Tests by Age Group, Florida, 2011 (N=4,642)



The distribution of testing across age groups has not changed significantly over time. When comparing 2011 with 2010, testing increased in all age groups except those under the age of 20. **Figure 9c** (also see Appendix Table 3a and 3b for data tables) shows testing numbers and positivity rates for 2007 to 2011 by age group. Positivity rates for persons aged 13-19 remained stable at 0.3% for the past five years. The CDC estimates that one-fourth of annual new infections occur among those aged 22 years or less. The very low positivity rate for younger people suggests a need to recruit higher risk people for testing. Between 2007 and 2011, the positivity rates for children less than 13 years old fluctuated, although this variation is primarily attributed to the low volume of tests conducted.

For those in the 20-29 age group, the positivity rate has been stable for five years at 0.8%. Positivity rates among those in the 30-39 age group decreased from 2.2% in 2007 to 1.2% in 2011. Though the positivity rates for those over 40 have decreased, those rates remains higher than those in younger age groups. This demonstrates the importance of testing those aged 40 and above.

Figure 9c. Number of HIV Tests & Positivity Rates by Age Group, Florida, 2007-2011



See Appendix Tables 3a and 3b for data in table form

Risk Behaviors

Since individuals may engage in more than one risk behavior, each self-reported exposure is categorized according to the highest level of risk. **Figure 10** illustrates the testing volume for the past five years for the top five risk behaviors. Persons who identified heterosexual sex as their highest risk behavior consistently comprise a very large majority of HIV tests conducted. For those identifying a current or past sexually transmitted disease (STD) diagnosis, testing levels increased between 2007 and 2010, and then showed a slight decline in 2011. Testing numbers among MSM fluctuated somewhat between 1996 and 2006 (data not shown), but have steadily increased over the past five years. Testing among injection drug users (IDU) has remained fairly consistent over the past five years. Testing for persons with a sex partner at risk had a one-year increase of 60.2% between 2010 and 2011. In 2011, “Sex Partner at Risk” included: sex with an HIV-infected person, female who had sex with an MSM, sex with an IDU and sex with ‘other’. “Other Sex Partner at Risk” combines sex with anonymous or transgendered partner, sex with someone who has a blood risk, or sex with someone who exchanges sex for money/drugs.

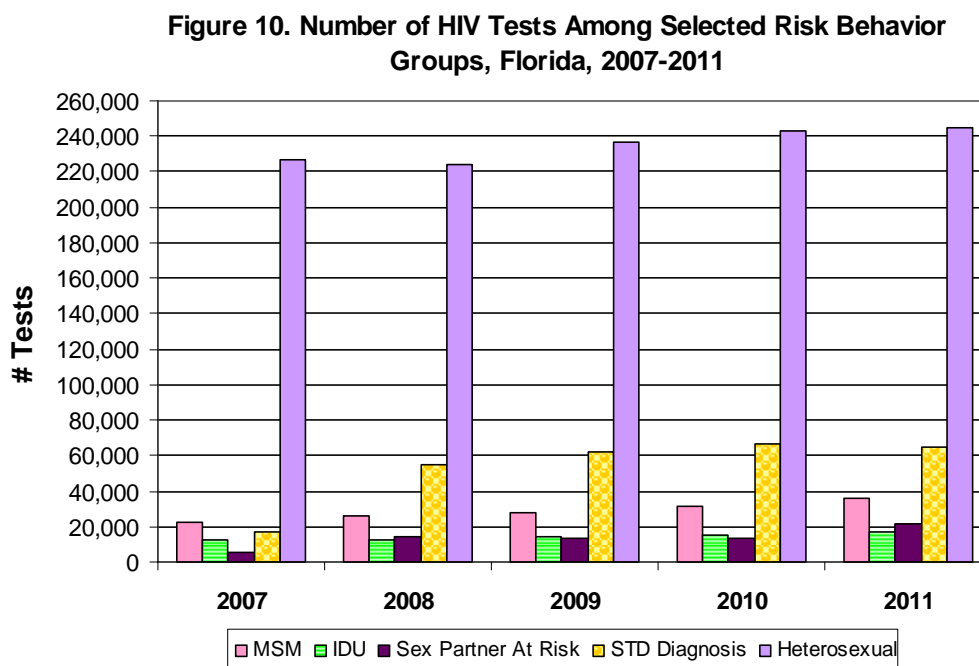


Figure 11 displays positivity rates, in ascending order, for various risk groups. In 2011, the “sex with HIV” group had the highest positivity rate (8.9%). Men who have sex with men and are injection drug users (MSM/IDU) continue to be a high-risk group with a 6.0% positivity rate. MSM also experience a high positivity rate at 5.6%. Alternatively, the positivity rate for the heterosexual risk group is lower at 0.4% even though they account for the majority of tests.

Figure 11. Positivity Rates by Self-Reported Risk Behaviors, Florida, 2011

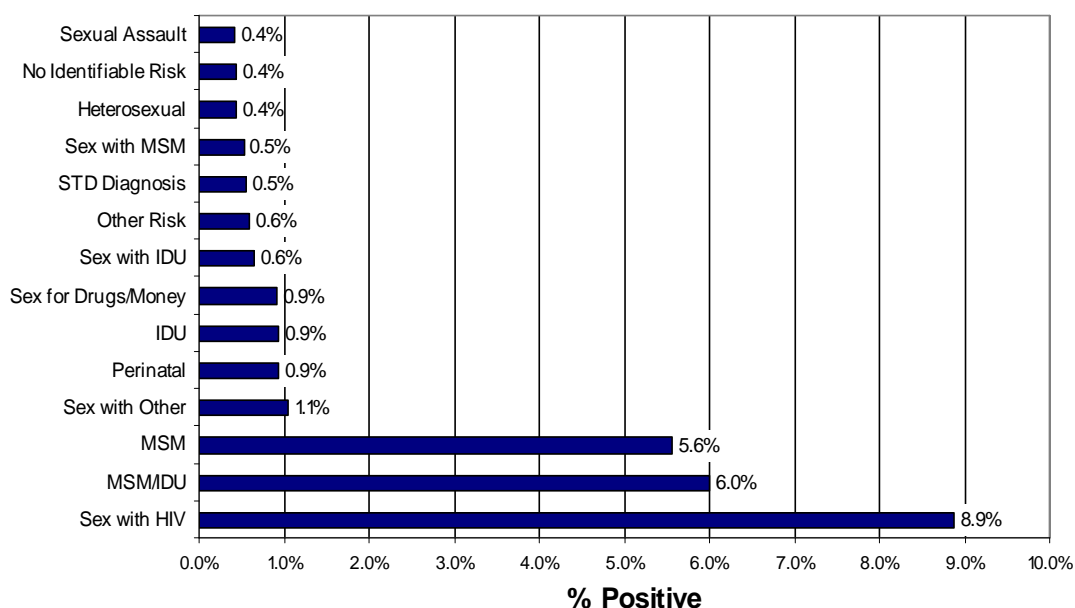
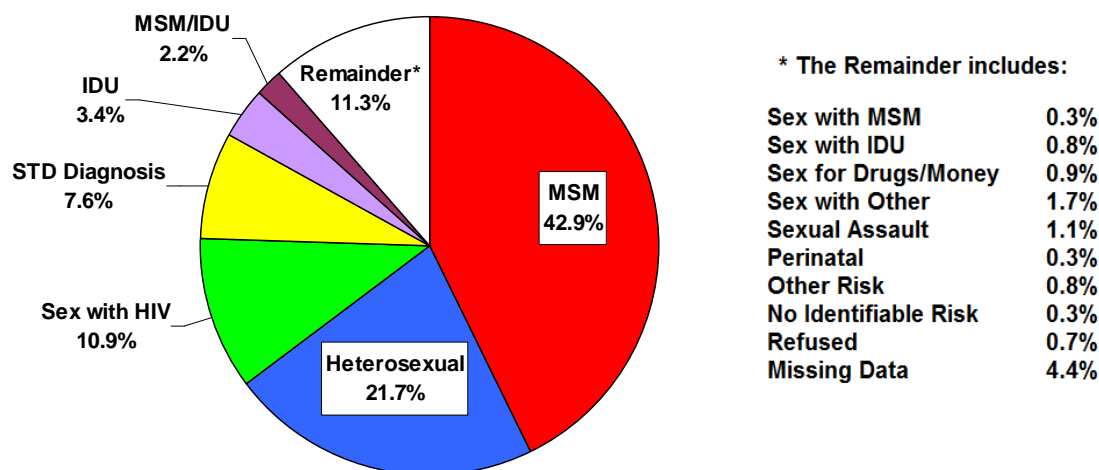


Figure 12 shows the distribution of HIV-positive test results by self-reported risk exposure for 2011. Together, MSM and MSM/IDU account for the greatest number of positive tests (45.1% or 2,090). Persons who identified heterosexual sex as their highest risk comprised 21.7% (1,008) of all positive tests. Those who reported having sexual relations with someone who has HIV account for 10.9% (508) of all positive tests.

Figure 12. Distribution of HIV-Positive Tests by Self-Reported Risk Exposure, Florida, 2011 (N=4,642)



The Intersection of Race/Ethnicity, Sex, and Age

One way to obtain a more specific description of HIV testing patterns and positivity rates in a population is to look at the intersection of race/ethnicity, sex, and age. **Figure 8**, above, and Appendix Table 2 show that, over the past 10 years, black males and Hispanic males have experienced the highest positivity rates, followed by white males and black females. For all age groups, white females and Hispanic females consistently recorded positivity rates at or below 1.0%.

Figure 13a shows that positivity rates for males vary considerably by age. Positivity rates increase as age increases through age 49, then decrease after age 50. The highest positivity rate is found among Hispanic males between the ages of 40 and 49. Further analyses revealed that MSM accounted for 77 out of 116 new positives in this demographic group (data not shown). Relatively new efforts to target Hispanic MSM for testing need to be reinforced.

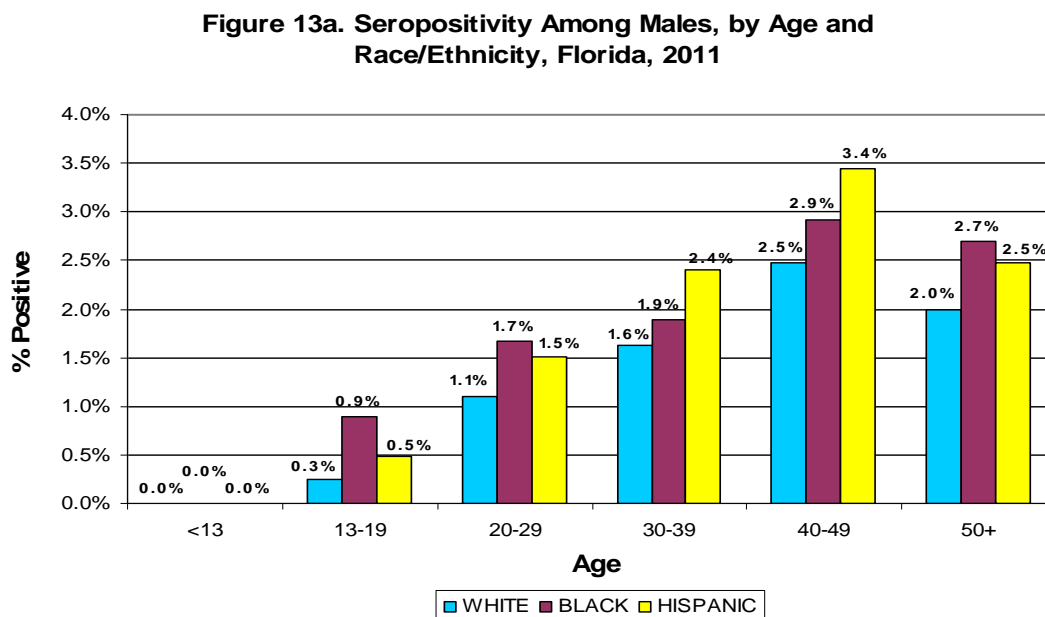
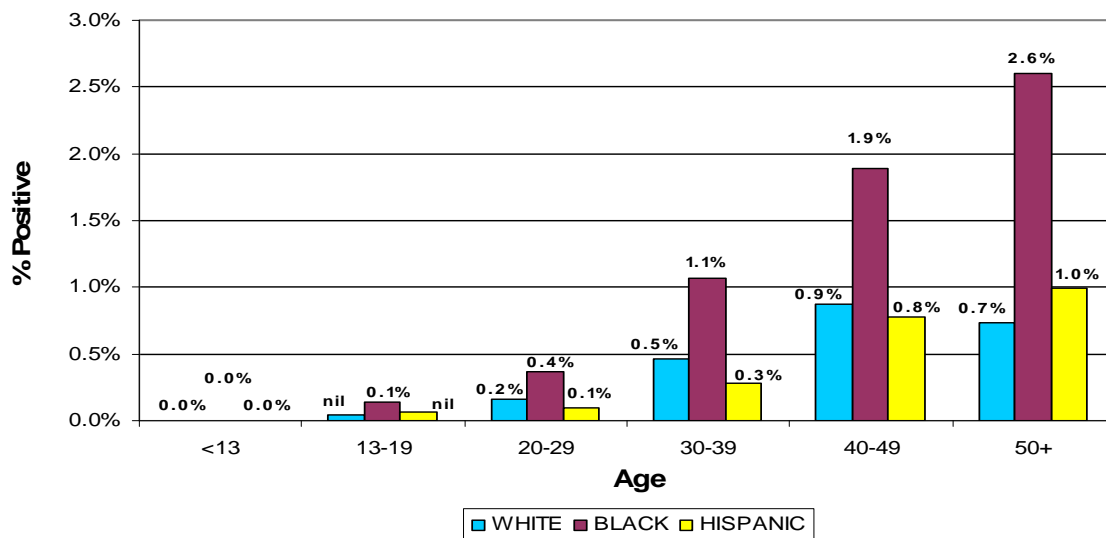


Figure 13b shows the positivity rate by race/ethnicity and age for females. As with males, the trend for females towards higher positivity rates in the older groups was noticeable. This trend was especially true for black females. Further analyses revealed that of the 97 new positives in 2011 for black women 50 and older, 39 were associated with heterosexual risk and another 16 were associated with the risk of having sex with an HIV-infected person (data not shown). This underscores the need for continued outreach for black women.

Figure 13b. Seropositivity Among Females, by Age and Race/Ethnicity, Florida, 2011



The data presented here indicate that prevention efforts must continue to be directed towards older populations in order to limit new infections and to ensure that access to education and care is maintained or improved.

The Intersection of Race/Ethnicity and Risk

Male-to-male sex and injection drug use (separately or in combination) are behavioral practices that place individuals at high risk for HIV infection. In 2011, 54,399 HIV tests (12.9% of all tests) were performed on persons who identified themselves as MSM, IDU, or both MSM and IDU. As shown in **Figure 11** above, the positivity rate in 2011 among MSM/IDU was 6.0%, 5.6% among MSM, and 0.9% among IDU. However, differences in testing patterns and positivity rates are evident within these risk groups.

Figures 14a to 16b illustrate the distribution of HIV tests and HIV-positive tests by race/ethnicity for MSM/IDU, MSM and IDU in 2011. Whites account for the largest proportion of HIV tests in all three of these risk groups: 55.4% of MSM/IDU, 43.2% of MSM and 74.3% of IDU. However, in the distribution of HIV-positive tests, whites only have the largest proportion in the MSM/IDU risk group. Blacks are over-represented among HIV positives in all three groups.

These racial/ethnic disparities appear to be stronger among IDU. For example, black females account for 5.6% of tests among IDU, yet they comprise 18.4% of positive tests in this risk group. Similarly, black males account for 5.6% of tests and 22.1% of the positives. Hispanic males are also disproportionately represented with 7.3% of the tests and 17.7% of the positive tests. In contrast, white males and white females account for 74.3% of tests among IDU (37.7% for females and 36.6% for males), yet their combined share of the positive tests is substantially lower at 32.3% (20.9% for females and 11.4% for males).

Figure 14a shows the distribution of HIV tests among MSM/IDU by race/ethnicity and **Figure 14b** shows the distribution of HIV-positive tests.

Figure 14a. HIV Tests among MSM/IDU by Race/Ethnicity, Florida, 2011 (N=1,669)

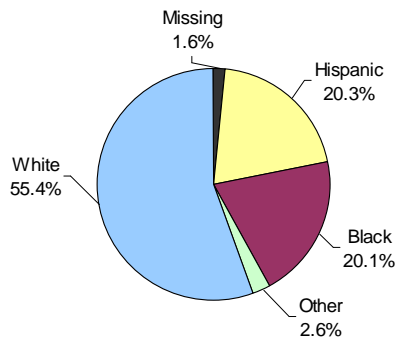


Figure 14b. HIV-Positive Tests among MSM/IDU by Race/Ethnicity, Florida, 2011 (N=100)

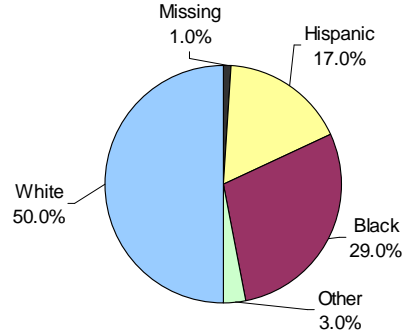


Figure 15a shows the distribution of HIV tests among MSM by race/ethnicity and **Figure 15b** shows the distribution of HIV-positive tests.

Figure 15a. HIV Tests among MSM by Race/Ethnicity, Florida, 2011 (N=35,726)

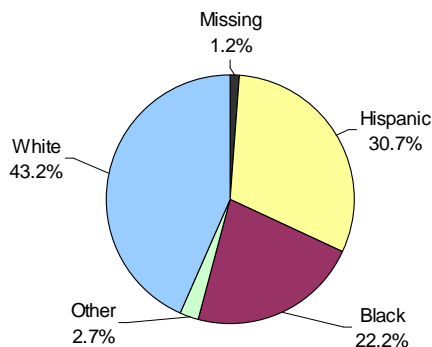


Figure 15b. HIV-Positive Tests among MSM by Race/Ethnicity, Florida, 2011 (N=1,990)

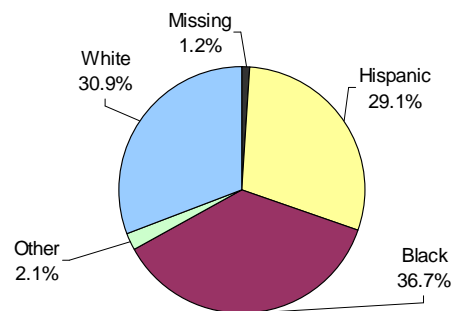


Figure 16a shows the distribution of HIV tests among IDU by sex and race/ethnicity and **Figure 16b** shows the distribution of HIV-positive tests among the same risk group.

Figure 16a. HIV Tests among IDU by Sex and Race/Ethnicity, Florida, 2011 (N=17,004)

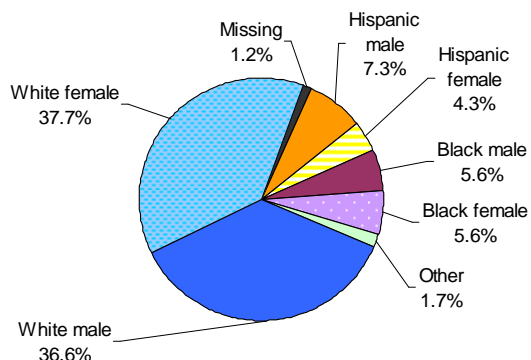


Figure 16b. HIV-Positive Tests among IDU by Sex and Race/Ethnicity, Florida, 2011 (N=158)

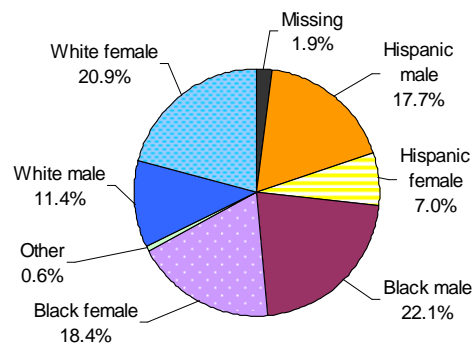
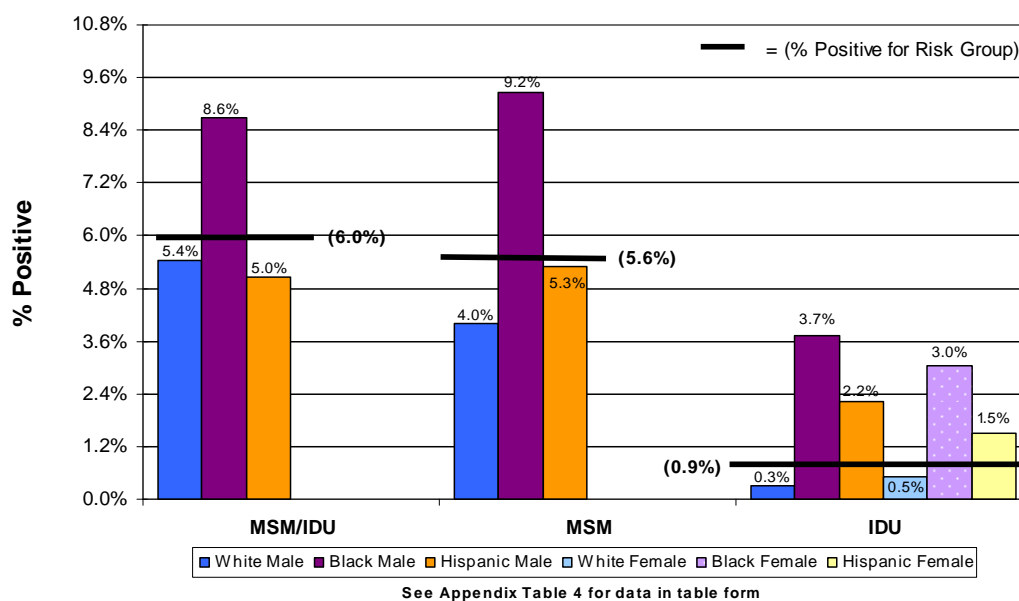


Figure 17 (see Appendix Table 4 for a data table) shows that aggregate positivity rates for MSM/IDU, MSM and IDU mask important and occasionally dramatic differences between racial/ethnic groups. The relatively high testing volume by whites, combined with their generally lower positivity rates, reduce the average positivity rate for the whole population in each of these risk groups. For example, in 2011, the positivity rate for black MSM was 9.2%, whereas both white MSM and Hispanic MSM were below the group rate of 5.6% (4.0% and 5.3%, respectively). The same is true in the MSM/IDU risk group where black MSM/IDU have a positivity rate of 8.6% which is well above the group rate of 6.0%, while white MSM/IDU and Hispanic MSM/IDU have much lower rates of 5.4% and 5.0%, respectively. The IDU risk group has the most variation between the group positivity rate and the rate for each sex and race/ethnicity. White males and white females have about half the positivity rate of the group rate (0.3% and 0.5%, respectively, vs. 0.9%). In sharp contrast, black males are more than quadruple and black females are more than triple the group rate (3.7% and 3.0%, respectively, vs. 0.9%).

Compared to 2010 (data not shown), seropositivity rates decreased, generally speaking. For Hispanic MSM/IDU there was a decrease from 11.7% (which had them well above the average rate for their group) in 2010 to 5.0% in 2011 (which brought them below the average for their group). By contrast, Hispanic female IDU went from 1.0% positivity (below the average) in 2010 to 1.5% positivity in 2011 (above the average).

Figure 17. Seropositivity Among Select Risk Exposure Groups by Sex and Race/Ethnicity, Florida, 2011



Together MSM, IDU and MSM/IDU account for 54,399 HIV tests in 2011. Of these tests, 18.7% were black, 24.4% were Hispanic and 53.3% were white. However, of the 2,248 positive tests for these three risk groups, 36.6% were black, 28.3% were Hispanic and 31.8% were white. The data presented here indicate a continuing need to increase testing and prevention education among individuals that engage in very high risk behaviors.

Focus on OraSure

The HIV Prevention Section has been providing Florida counseling and testing programs with OraSure Oral HIV-1 Antibody Testing Systems since February 1998. This testing method, which tests for antibodies in oral mucosal transudate (OMT), is as accurate as a blood test for diagnosis in public health and clinical settings. In Florida, OraSure is primarily for use in outreach settings, to reach high-risk persons who are less likely to access the health care system and less accepting of conventional testing methods (e.g., persons who are homeless, drug users, younger, or those who live in rural areas).

In 2011, 40,223 OraSure tests were administered in Florida. This is a decline in usage of 48.7% when compared to 2003 when usage peaked at 78,378. The statewide positivity rate for OraSure also decreased during that same time period from 2.9% in 2003 to 1.7% in 2011.

The top 15 OraSure positivity rates by county are listed in Table 1. Gadsden and Seminole counties had high positivity rates; this was due to a small number of tests performed. Broward and Miami-Dade counties each had high positivity rates (2.9% and 3.7%, respectively) along with high OraSure usage.

Compared to the overall positivity rates shown in **Figure 5** above (also in Appendix Table 1), some counties were able to achieve much higher positivity rates using OraSure. These differences may result from the success of using OraSure in outreach settings.

Table 1. HIV Seropositivity Rates using OraSure for Select Counties, Florida, 2011			
County	# of Tests	# of Positives	% Positive
Gadsden	7	1	14.3%
Seminole	10	1	10.0%
Escambia	221	16	7.2%
Brevard	71	5	7.0%
Orange	877	58	6.6%
Nassau	771	37	4.8%
St. Lucie	654	29	4.4%
Miami-Dade	5,246	194	3.7%
Broward	3,666	108	2.9%
Clay	82	2	2.4%
Hendry	185	4	2.2%
Okaloosa	606	11	1.8%
St. Johns	56	1	1.8%
Duval	1,625	21	1.3%
Palm Beach	2,252	29	1.3%

Blacks accounted for most of the OraSure tests in 2011 (16,091 or 40.0%) as compared to whites (15,220 or 37.8%) and Hispanics (7,113 or 17.7%). Females were tested more than males with 52.7% v. 46.2% of the tests, respectively (data not shown). These figures do not sum to 100% due to missing data.

Focus on Rapid Testing

The first rapid HIV testing program in Florida was implemented in the Duval County Jail in 2003. Since then, rapid HIV testing has expanded to many counties in Florida. Rapid HIV tests are screening tests that produce very quick results, usually within 10 to 40 minutes, and can be performed using whole blood through finger stick or venipuncture, or with an oral specimen. Rapid tests are extremely accurate, and non-reactive results indicate that no antibodies to the HIV virus have been detected. Reactive rapid tests must be confirmed by a standard HIV test, which could be done using blood or OraSure.

In 2011, 236,132 tests were conducted using rapid testing, which is an increase of 15.4%, or 31,478 from 2010. The statewide positivity rate using rapid testing decreased from 2.2% when rapid testing began in 2003 to 1.1% in 2011. Positivity rates for counties that used more than 1,000 rapid tests in 2011 are shown in **Table 2**. Among those counties, Pinellas had the highest positivity rate (1.8%) followed by Miami-Dade at 1.5%.

County	Total Tested	# Negative	# Confirmed Positive	Positivity Rate
Miami-Dade	61,599	60,618	904	1.5%
Broward	51,685	51,144	461	0.9%
Orange	26,544	26,184	333	1.3%
Hillsborough	18,482	18,225	243	1.3%
Duval	16,981	16,823	149	0.9%
Palm Beach	15,266	15,122	113	0.7%
St Lucie	6,186	6,165	19	0.3%
Pinellas	4,811	4,716	85	1.8%
Manatee	4,353	4,342	10	0.2%
Alachua	4,340	4,311	28	0.6%
Escambia	3,432	3,395	29	0.8%
Collier	3,276	3,263	13	0.4%
Leon	2,875	2,846	29	1.0%
Volusia	2,883	2,867	14	0.5%
Citrus	2,252	2,252	0	0.0%
Brevard	1,910	1,898	9	0.5%
Polk	1,785	1,760	24	1.3%
Sarasota	1,701	1,681	18	1.1%
Lee	1,451	1,448	3	0.2%
Monroe	1,402	1,393	8	0.6%
Marion	1,358	1,347	10	0.7%

The next three figures compare the 2011 testing levels and positivity rates by race/ethnicity and sex among different types of testing. **Figure 18a** shows the testing levels and positivity rates for blood tests, **Figure 18b** shows the testing levels and positivity rates for OraSure tests, and **Figure 18c** shows the testing levels and positivity rates for rapid tests (which can use either blood or oral samples). Black females and white females had the highest number of blood tests. This pattern was true for OraSure tests as well. For rapid testing, black males and black females had the highest number of tests. Hispanic males had the highest positivity rates for blood and rapid tests (3.2% and 1.7%, respectively) and black males had the highest positivity rate for OraSure tests (3.6%).

Figure 18a. HIV Blood Tests by Race/Ethnicity and Gender, Florida, 2011

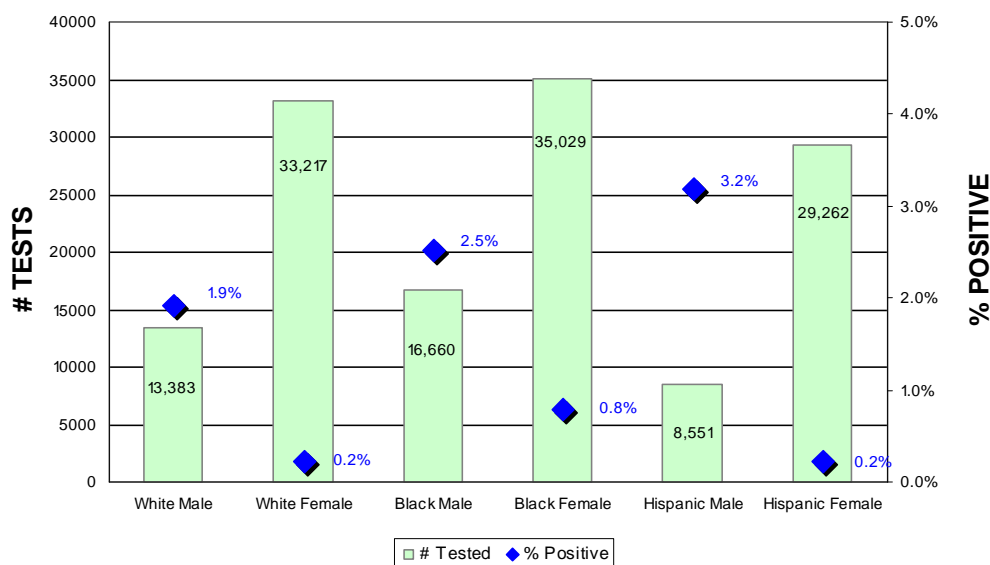


Figure 18b. HIV OraSure Tests by Race/Ethnicity and Gender, Florida, 2011

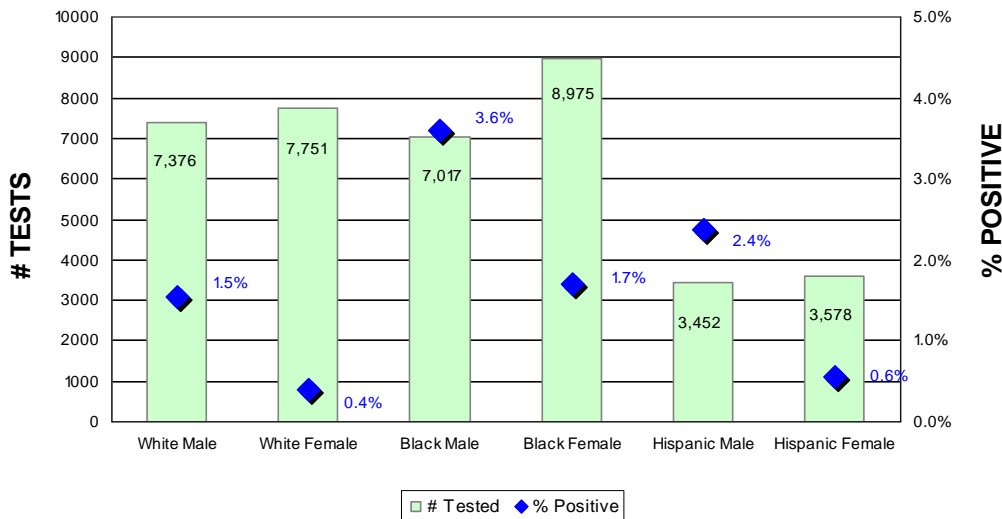
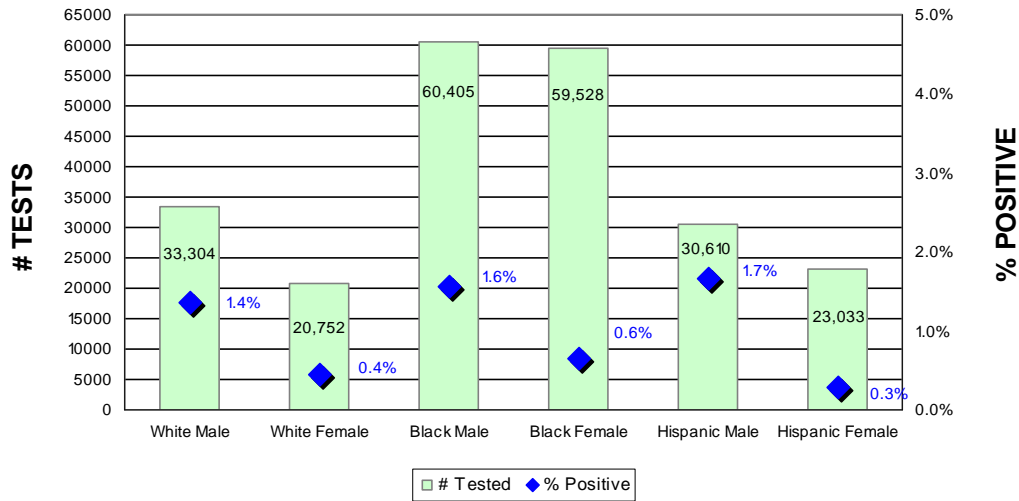


Figure 18c. HIV Rapid Tests by Race/Ethnicity and Gender, Florida, 2011



Figures 19a, 19b and 19c compare 2011 testing levels and positivity rates by risk groups for blood (**Figure 19a**), OraSure (**Figure 19b**) and rapid testing (**Figure 19c**). The OraSure test had the highest overall positivity rate of 1.7%, followed by rapid tests (1.1%) and blood tests (1.0%) (data not shown). Regardless of the type of test, the majority were administered to persons who identified heterosexual sex as their highest risk. For 2011, the risk factor of sex with HIV had the highest positivity rates across all three test types: 15.8% for blood tests, 16.5% for OraSure tests, and 5.9% for rapid tests (data not shown). The sex with HIV risk factor was combined in previous reports into a broad category of sex partner at risk. This masked the rather dramatic singular effect of sex with HIV. The next highest positivity rates were for the combined categories of MSM and MSM/IDU (blood: 13.6%, OraSure: 10.1%, and rapid: 4.2%).

Figure 19a. HIV Blood Tests by Risk, Florida, 2011

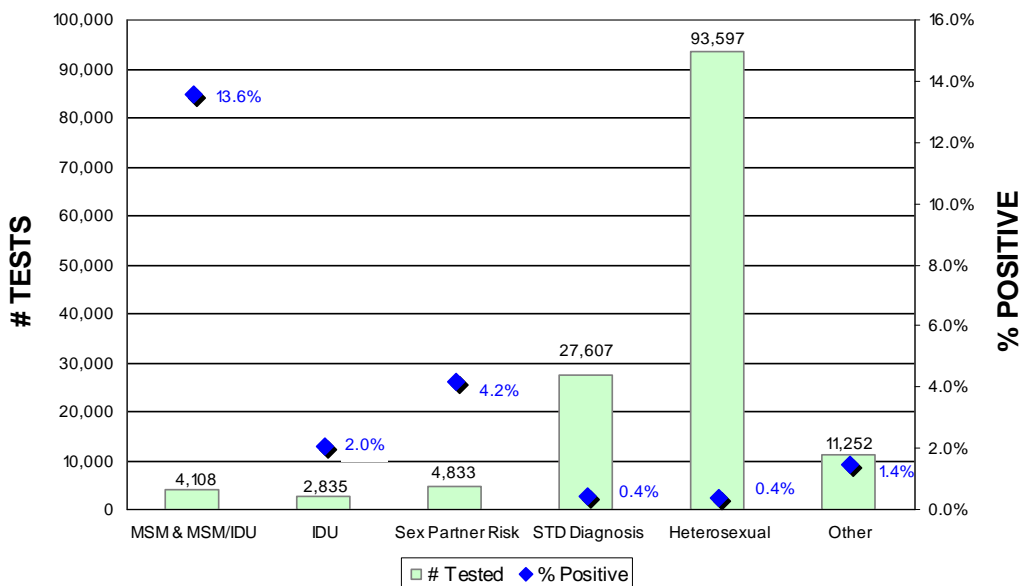


Figure 19b. HIV OraSure Tests by Risk, Florida, 2011

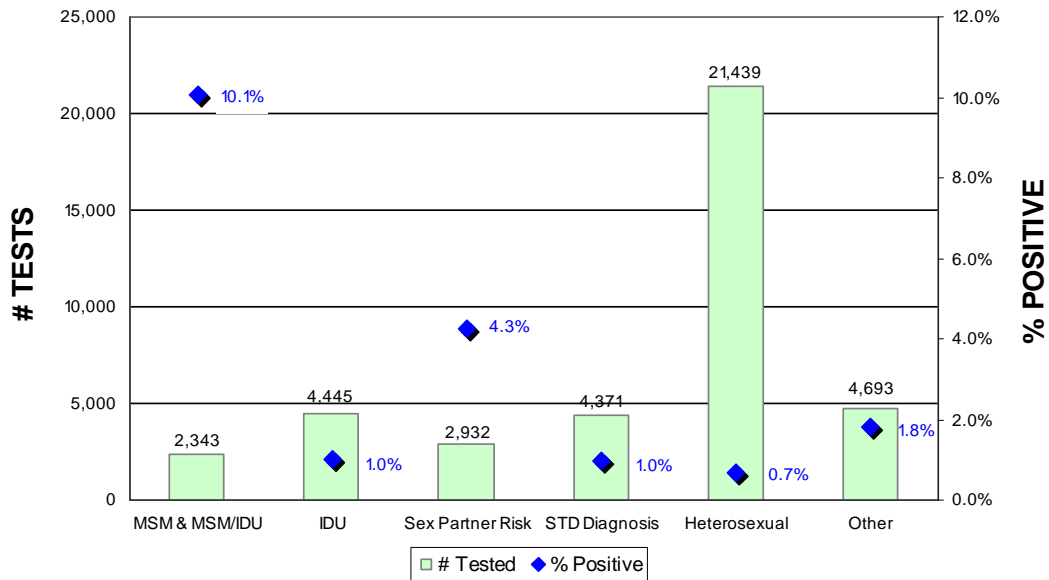
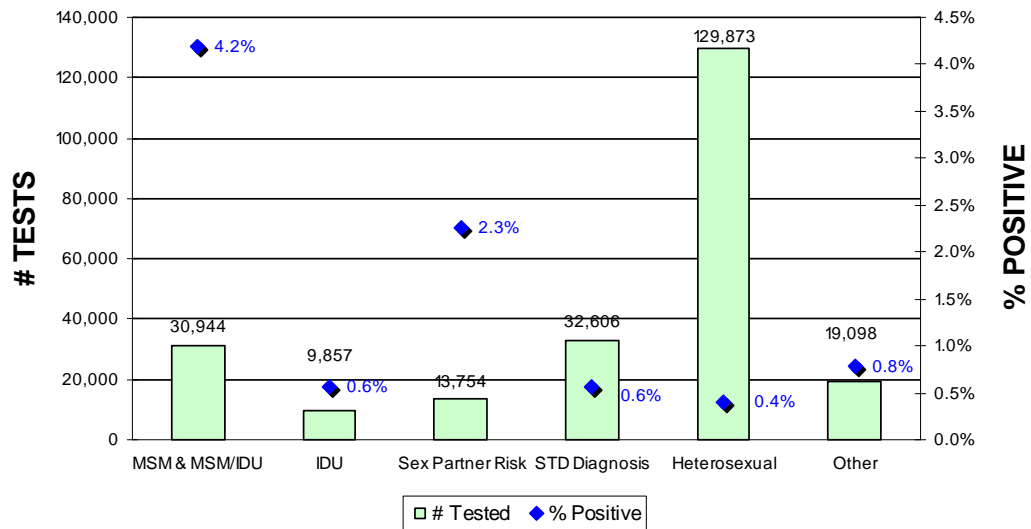


Figure 19c. HIV Rapid Tests by Risk, Florida, 2011



These data indicate that OraSure and rapid testing continue to be a valuable asset to HIV prevention programs throughout Florida. The availability of OraSure and rapid testing has increased test acceptance in a variety of outreach settings including housing projects, homeless shelters, rural communities, jails and mobile testing units. In 2011, OraSure and rapid testing accounted for 65.7% of all HIV tests conducted at registered HIV counseling and testing sites.

Their effectiveness as an outreach tool has been demonstrated in many counties, where the growth of street outreach and community-based testing sites demand faster, easier and less threatening means of testing for HIV. OraSure and rapid testing are an important part of ongoing efforts to increase access and availability of HIV testing and counseling services among high-risk populations, and will continue to increase the proportion of HIV-infected persons in Florida who know their status.

Focus on Repeat HIV Testers

Of the 420,587 total tests conducted in 2011, the majority of tests (69.0% or 290,059) were for those who indicated they had previously taken an HIV test (“repeat testers”). Of those repeat tests, nearly all were associated with a previous negative test result (287,610 out of 290,059 or 99.2%) while a small minority (2,237 out of 290,059 or 0.8%) was associated with a previous positive or previous reactive rapid test.

Among the 4,642 positive test results in 2011, 35.9% (1,668) previously tested negative and 39.9% (1,852) previously tested positive. MSM accounted for the largest proportion of positive tests among those who previously tested negative with 53.6% (894). Those who had heterosexual sex as their highest risk factor accounted for 19.3% (322) of the positive tests among those who previously tested negative (data not shown).

Table 3 shows positive test results for 2011 by sex, certain race/ethnicities, and previous test results. (For all of these demographic groups, a portion of the total positives was for those who had not previously tested, but tested positive on a “first-time test.” First-time test data are not shown here.) Black males account for the highest number of positives and the highest number of previous tests. For Hispanic females, most of their positives (57.5%) for 2011 were associated with a previous positive test.

Table 3. HIV-Positive Tests and Previous Test Results by Sex and Race/Ethnicity, Florida, 2011			
Sex and Race/Ethnicity	Total Positives	# (%) Previously Tested Positive	# (%) Previously Tested Negative
White Male	820	356 (43.4%)	318 (38.8%)
White Female	197	92 (46.7%)	59 (29.9%)
Black Male	1,615	540 (33.4%)	622 (38.5%)
Black Female	807	323 (40.0%)	263 (32.6%)
Hispanic Male	863	367 (42.5%)	319 (37.0%)
Hispanic Female	153	88 (57.5%)	31 (20.3%)
Other/Missing M-F	187	86 (46.0%)	56 (29.9%)
Total	4,642	1,852 (39.9%)	1,668 (35.9%)

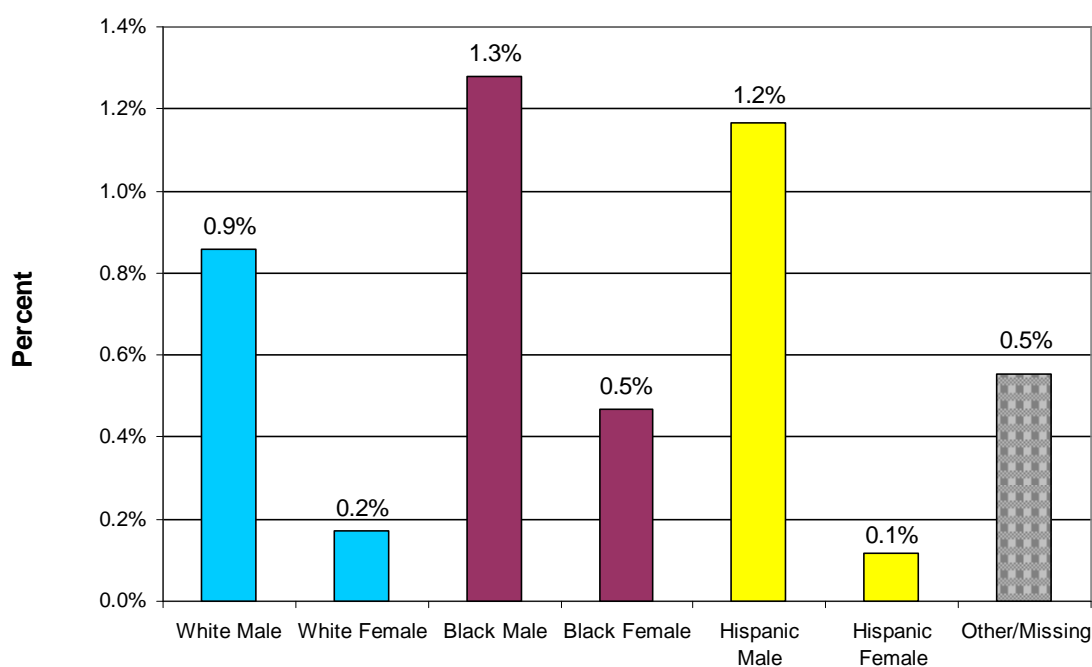
These data also indicate that a number of positive tests for 2011 were associated with previous negative tests. Many individuals may be concerned because of their continued practice of high-risk behaviors, and thus return often for testing.

A large proportion of positives identified in 2011 (39.9%) have already been found to be infected with HIV. Persons who are HIV positive retest for a number of reasons, including: denial; the misplaced belief that medications have cured them; proof of positivity needed to access services; boredom (e.g., inmates); desire to try a new test (e.g., rapid testing); and desire to find out if they are still positive.

Figure 20 shows HIV positivity rates by sex and race/ethnicity for those who tested positive for the first time in 2011. Over half (2,790 or 60.1%) of the 4,642 positive test results obtained in 2011 were associated with no previous test or with previous non-positive tests. These 2,790 tests represent “new positives” for 2011. The positivity rate among the new positives was highest for black males (1.3%) followed by Hispanic males (1.2%), and white males (0.9%). These positivity rates are lower than those presented in **Figure 8** (or Appendix Table 2) and may be more reflective of the true prevalence among persons who receive voluntary HIV testing.

Positivity rates presented elsewhere in this report are influenced by the large number of duplicate positives within the database, as persons receiving a positive test are very likely to repeat the test. The proportion of positives that were new positives in 2011 (60.1%) was slightly lower than in 2010 (60.5%), but higher than previous years with 57.0% in 2009 and 58.3% in 2008. This indicates that continued expansion into clinical settings and better targeting may have led to more effective identification of new positives.

Figure 20. Positivity Rates Among Those Testing Positive for the First Time, by Sex and Race/Ethnicity, Florida, 2011 (N=2,790)



Focus on the African American Testing Initiative (AATI) and the Expanded Testing Initiative (ETI)

In late 2007, Florida began expanded and focused testing among blacks as part of a special grant from the CDC. This CDC project had a nationwide goal of increasing HIV testing among blacks by 1.5 million tests each year (primarily in clinical settings). This project was known in Florida as the African American Testing Initiative (AATI). AATI was in 11 Florida counties: Alachua, Broward, Collier, Duval, Hillsborough, Manatee, Miami-Dade, Orange, Palm Beach, Pinellas and Saint Lucie. In September 2010, the three-year AATI grant ended.

In October 2010, a new CDC grant called the Expanded Testing Initiative (ETI) replaced the AATI grant. The ETI grant also has a nationwide goal of increasing HIV testing, primarily in clinical settings, by 1.5 million tests each year. The ETI grant expands on the AATI grant to target all disproportionately affected persons including Hispanics and MSM, regardless of race/ethnicity. In Florida, testing under the ETI grant includes the 11 AATI counties and adds Osceola County.

In 2011, ETI sites performed 164,894 tests, and identified 1,878 positives for a positivity rate of 1.1%. **Figure 21a** shows the distribution of tests by race/ethnicity and **Figure 21b** shows the distribution of positive tests by race/ethnicity. Blacks accounted for the largest proportion of total tests and positive tests (52.6% and 53.8%, respectively). Moreover, compared to 2010, the number of positive test results was more proportionate to total tests by race/ethnicity in 2011. So, it appears that the targeted testing is working.

Figure 21a. Total HIV Tests by Race/Ethnicity for ETI, Florida, 2011 (N=164,894)

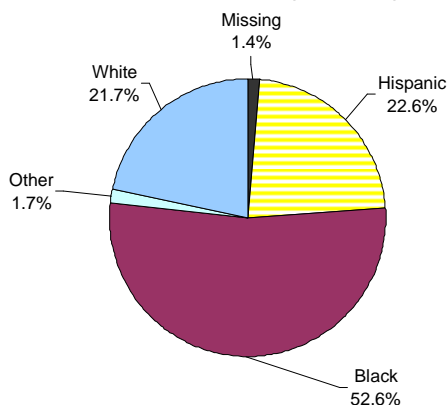
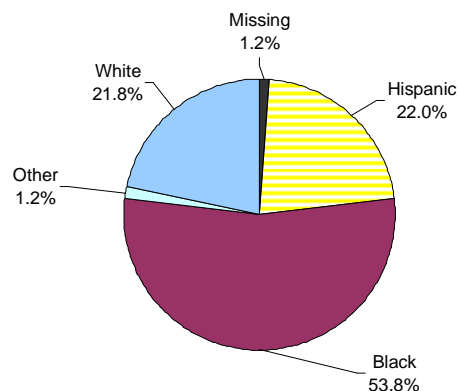


Figure 21b. HIV-Positive Tests by Race/Ethnicity for ETI, Florida, 2011 (N=1,878)



Another component of both the AATI and ETI grants is to increase testing in clinical settings such as emergency departments, primary health care clinics, substance abuse treatment centers and community health centers. The focus on testing in clinical settings is in support of the CDC's *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings* where in all health care settings, screening for HIV infection should be performed routinely for all patients aged 13 to 64.

Figure 22a shows the distribution of ETI HIV tests and **Figure 22b** shows the distribution of ETI HIV-positive tests by testing venue, including one non-clinical venue type: community-based organizations (CBO). Overall, the vast majority (74.2%) of ETI tests were conducted in clinical venues. Community health centers, correctional facilities, county health department STD clinics and mobile testing units account for the majority of testing in clinical settings. Notably, the percentage of tests done in mobile units increased from 4.8% in 2010 to 13.7% in 2011. The percentage of positive tests also increased in mobile units from 3.2% in 2010 to 9.4% in 2011. Also of note is the relative effectiveness of finding positives in the non-clinical CBO settings. CBOs conducted 25.8% (42,605) of the tests, yet they found 34.6% (650) of the positives. In addition, CBO sites conducted more tests and found more positives in 2011 as compared to 2010.

Figure 22a. Total HIV Tests by ETI Testing Venue, Florida, 2011 (N=164,894)

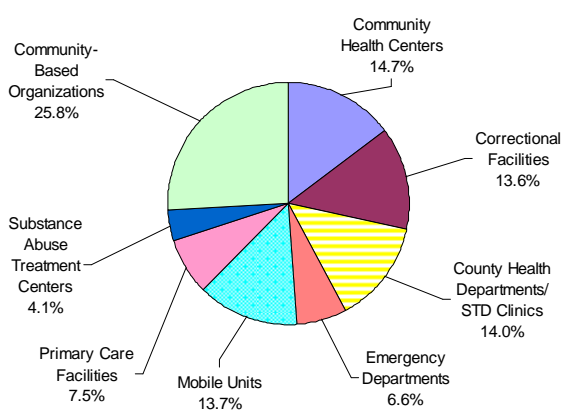
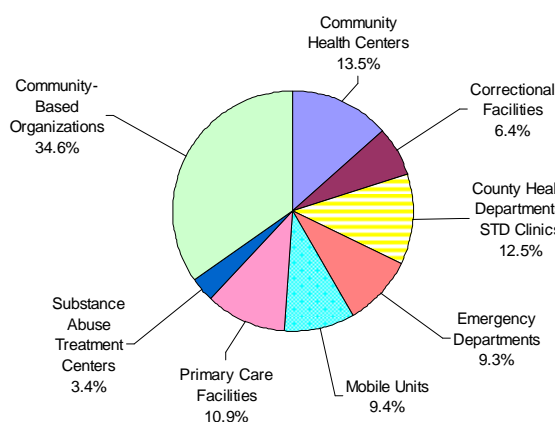


Figure 22b. Total HIV-Positive Tests by ETI Testing Venue, Florida, 2011 (N=1,878)



Linkage to Care

In 2010, the HIV Prevention Section of the Bureau of Communicable Diseases developed a monitoring and evaluation plan that documented quality assurance procedures, goals specific to each component of HIV prevention and ways to measure achievements. The linkage of persons who test positive for HIV to medical care is one of the indicators now being measured. Our goal is that 80% of persons who test positive are linked to medical care within 90 days. This goal is required for the ETI grant, and has been adopted for all prevention-funded testing as well.

Linkage to care is determined through searches of several databases including Electronic Lab Reporting (ELR), CareWare, AIDS Drug Assistance Program (ADAP), HMS and STD's PRISM database. If a client has ELR verified viral load and/or CD4 testing or lab services listed in CareWare or HMS, they are considered to be in care. A client with a medication pick up in the month of their test date is also considered to be under a physician's care.

Table 4 compares linkage to care by testing venue in 2011 for those who disclosed a prior HIV-positive test (previous or old positive) and those testing positive for the first time (new positive). Overall, the linkage-to-care rate for confidential sites (i.e., sites excluding the "Anonymous" and "Special Projects" categories) is very good: 95.3% for old positives and 92.0% for new positives². Notably, family planning clinics, prenatal/OB sites, and TB clinics linked 100% of

² This includes anyone identified as HIV positive and linked to care at the time these data were analyzed. These data do not indicate how long it took the patient to be linked to care.

their HIV-positive patients to care. On the other hand, of the 25 positive test results from anonymous testing sites, only two were linked to care. This illustrates the importance of confidential (named) testing since persons who test anonymously do not provide any personal identifiable information that could be used to link them to medical care or other services.

The Special Project sites, as a whole, had lower linkage-to-care rates, but this site type contained both anonymous and confidential testing. The majority of these positives were identified as a part of the anonymously administered National HIV Behavioral Surveillance Survey (NHBS). None of the NHBS positives (115) were linked to care. However, the Targeted Outreach for Pregnant Women Act (TOPWA) also conducts testing under the Special Projects site type. TOPWA sites identified 14 new positives and linked 11 (78.6%) to care. TOPWA sites also identified six previous positives, all of which were linked to care (data not shown). Three positives were identified under the Substance Abuse, HIV/Hepatitis Assessment and Prevention Education (SHAPE) program in Pensacola, two of which were linked to care.

Community-based organizations (CBOs) found the most new positives (N=1,041), and have showed improvement in 2011 by linking 89.9% of patients to care compared to 66.8% in 2010. Together, CBOs, STD clinics and private physician offices found the majority of positives for 2011.

Site Type	# Previous Positives	# Linked to Care (Previous Positives)	(%)	# New Positives	# Linked to Care (New Positives)	(%)
Anonymous	3	1	33.3%	22	1	4.5%
STD	388	371	95.6%	603	566	93.9%
Drug Treatment	26	25	96.2%	59	52	88.1%
Family Planning	5	5	100%	25	25	100%
Prenatal/OB	2	2	100%	13	13	100%
TB	14	14	100%	14	14	100%
Adult Health	273	267	97.8%	163	150	92.0%
Jail/Prison	102	99	97.1%	161	153	95.0%
College	3	3	100%	15	14	93.3%
Private MD	230	217	94.3%	432	405	93.8%
Special Projects	83	7	8.4%	55	12	21.8%
Community-based Organization	637	598	93.9%	1,041	936	89.9%
Health Department Field Visit	85	81	95.3%	187	169	90.4%
Total	1,851	1,690	91.3%	2,790	2,509	89.9%

* The data presented here are as of July 26, 2012. One previous positive not coded for site type is not presented here.

Table 5 (on the next page) compares linkage to care by demographic and risk groups for both previous positives and new positives. Differences exist between sex, race/ethnicity, age, and risk behaviors, though these differences were less pronounced in 2011 than they were in 2010. Moreover, the overall linkage rate is better in 2011 than it was in 2010. Females who previously tested positive had the best linkage rate among the sexes at 95.1%. Among the age groupings, the best linkage rate was among those 50 and older. Blacks had the best linkage rates among racial/ethnic groups. For risk factors, perinatal cases had the best linkage to care (100%). Hispanics had the lowest linkage rate among any specified demographic grouping with a rate of 82.8% for previous positives and 84.7% for new positives.

For all 4,642 positive tests in 2011, the linkage-to-care rate was 90.5%. This shows that our efforts helped us reach our goal of an 80% linkage rate. For persons who self-disclosed a prior positive test, the rate was higher at 91.4%. This helps to validate the conventional theory that sometimes people test positive and are not yet ready to accept their diagnosis but when they are ready they will get retested and begin treatment. For persons testing positive for the first time, the linkage-to-care rate was slightly lower at 90.0%. The data indicate that targeted and culturally sensitive efforts should continue to be directed towards all persons testing positive. As more laboratories come online with ELR, more care information will be available.

Table 5. HIV-Positive Tests Linked to Care by Self-Disclosed Prior Test Results by Sex, Age, Race/Ethnicity, and Risk Factors, Florida, 2011*						
	# Previous Positives	# Linked to Care (Previous Positives)	(%)	# New Positives	# Linked to Care (New Positives)	(%)
Sex						
Male	1,278	1151	90.1%	2,089	1,855	88.8%
Female	512	487	95.1%	667	625	93.7%
Transgender	14	13	92.9%	7	6	85.7%
Missing	48	41	n/a	27	24	88.9%
Total	1,852	1,692	91.4%	2,790	2,503	90.0%
Age						
Less than 13	0	0	n/a	0	0	n/a
13-19	39	35	89.7%	138	124	89.9%
20-29	354	315	89.0%	993	895	90.1%
30-39	406	369	90.9%	650	577	88.8%
40-49	595	546	91.8%	583	526	90.2%
50+	452	422	93.4%	405	380	93.8%
Missing age	6	5	83.3%	21	8	38.1%
Total	1852	1,692	91.4%	2,790	2,510	90.0%
Race/Ethnicity						
White	452	417	92.3%	571	511	89.5%
Black	871	831	95.4%	1564	1445	92.4%
Hispanic	458	379	82.8%	562	476	84.7%
Other/Missing	71	65	91.5%	93	78	83.9%
Total	1,852	1,692	91.4%	2,790	2,510	90.0%
Risk						
MSM	725	625	86.2%	1265	1099	86.9%
MSM/IDU	54	49	90.7%	46	44	95.7%
(MSM/IDU and MSM	779	674	86.5%	1311	1143	87.2%)
IDU	85	84	98.8%	74	73	98.6%
Partner at risk	369	346	93.8%	269	252	93.7%
Perinatal	5	5	100.0%	7	7	100%
STD diagnosis	113	108	95.6%	240	225	93.8%
Sex for drugs/money	13	12	92.3%	30	28	93.3%
Other	14	11	78.6%	21	17	81.0%
Sexual assault	17	17	100.0%	33	30	90.9%
Heterosexual	316	304	96.2%	692	628	90.8%
No Identifiable risk	6	6	100.0%	10	8	80.0%
Missing/Refused	135	125	92.6%	103	99	96.1%
Total	1,852	1,692	91.4%	2,790	2,510	90.0%

* The data presented here are as of July 26, 2012.

Acknowledgements

The HIV/AIDS and Hepatitis Program would like to acknowledge the dedication and commitment of the many individuals who have worked hard over the past year to make Florida's public HIV counseling, testing and linkage system one of the best in the nation.

Although too numerous to list, these individuals include:

- CHD administrators, HIV/AIDS Program Coordinators, nursing directors and the many health department staff who perform HIV counseling, testing and linkage services and oversee those programs;
- STD staff who have the difficult job of notifying the newly infected and conducting partner services;
- 501 trainers who ensure that future counselors are prepared;
- Our prevention and training consultants and outreach workers who educate and inform;
- Our colleagues in the state laboratories, without whom we would not have a testing program;
- Our partners in community agencies, faith-based organizations, and correctional facilities who reach out to those we cannot reach;
- Staff within the bureau who work tirelessly on this program; and finally:
- Early Intervention Consultants, those front line staff who have worked so diligently to ensure the success of CTL in Florida.

We look forward to our continued collaborations as we strive to ensure that all Floridians have the opportunity to learn their HIV status and take steps to protect themselves.

APPENDIX

Appendix Table 1, From Figure 5 HIV Seropositivity Rates by County, Florida, 2011*				
County	Total	Negative	Positive	% Positive
HENDRY	717	680	36	5.0%
NASSAU	1,181	1,143	38	3.2%
MIAMI-DADE	74,921	73,424	1399	1.9%
ORANGE	33,333	32,695	607	1.8%
HILLSBOROUGH	23,304	22975	314	1.3%
LAFAYETTE	89	88	1	1.1%
GADSDEN	2,406	2,379	27	1.1%
DUVAL	25,784	25,499	273	1.1%
PINELLAS	17,580	17,385	181	1.0%
COLUMBIA	783	775	8	1.0%
OSCEOLA	4807	4,757	49	1.0%
BROWARD	62,262	61,541	630	1.0%
PALM BEACH	32,918	32,575	300	0.9%
OKALOOSA	2,798	2,774	24	0.9%
MARION	5,864	5,812	49	0.8%
ESCAMBIA	7,209	7,140	59	0.8%
CHARLOTTE	864	857	7	0.8%
UNION	124	123	1	0.8%
CLAY	777	771	6	0.8%
JEFFERSON	268	266	2	0.7%
LEON	9,785	9,710	73	0.7%
POLK	12,317	12,223	91	0.7%
ST LUCIE	7,902	7,841	58	0.7%
ALACHUA	8,134	8,071	59	0.7%
SEMINOLE	3,753	3,725	27	0.7%
HAMILTON	281	279	2	0.7%
PUTNAM	1,584	1,574	10	0.6%
MONROE	1,769	1,757	11	0.6%
MADISON	489	485	3	0.6%
ST JOHNS	1,170	1,163	7	0.6%
LIBERTY	168	167	1	0.6%
SARASOTA	5,953	5,916	34	0.6%
LEE	9,004	8,952	50	0.6%
HERNANDO	1,306	1,299	7	0.5%

Appendix Table 1 continued, From Figure 5 HIV Seropositivity Rates by County, Florida, 2011*				
County	Total	Negative	Positive	% Positive
JACKSON	966	961	5	0.5%
LAKE	2,373	2,361	12	0.5%
COLLIER	4,413	4,391	22	0.5%
BRADFORD	413	411	2	0.5%
VOLUSIA	6,693	6,658	31	0.5%
PASCO	3,310	3,295	15	0.5%
CALHOUN	225	224	1	0.4%
INDIAN RIVER	3,181	3,166	14	0.4%
DESOTO	702	699	3	0.4%
BAKER	811	808	3	0.4%
MANATEE	7,615	7,584	28	0.4%
GILCHRIST	292	291	1	0.3%
BAY	3,591	3,578	12	0.3%
OKEECHOBEE	915	911	3	0.3%
WASHINGTON	371	370	1	0.3%
HOLMES	373	372	1	0.3%
BREVARD	8,295	8,270	22	0.3%
SUMTER	1,274	1,271	3	0.2%
HARDEE	944	942	2	0.2%
LEVY	976	974	2	0.2%
MARTIN	2,015	2,010	4	0.2%
WALTON	1,080	1,077	2	0.2%
FLAGLER	1,170	1,168	2	0.2%
CITRUS	2,389	2,385	4	0.2%
SUWANNEE	664	663	1	0.2%
HIGHLANDS	764	763	1	0.1%
SANTA ROSA	1,389	1,388	1	0.1%
DIXIE	440	440	0	0.0%
FRANKLIN	257	257	0	0.0%
GLADES	97	97	0	0.0%
GULF	391	391	0	0.0%
TAYLOR	404	404	0	0.0%
WAKULLA	187	187	0	0.0%

* Indeterminate test results are not shown, but are included in the total tested.

Appendix Table 2 (from Figure 8)										
HIV Seropositivity by Sex and Race/Ethnicity, Florida, 2002 – 2011										
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
White Male	2.50	2.60	2.50	2.10	2.60	1.81	1.90	1.80	1.46	1.52
Black Male	4.80	4.50	4.00	3.60	3.70	2.88	2.74	2.37	2.07	1.91
Hispanic Male	3.60	3.80	3.50	3.00	3.00	2.75	2.50	2.25	1.86	2.02
White Female	0.50	0.50	0.50	0.50	0.40	0.42	0.40	0.37	0.26	0.32
Black Female	2.90	2.50	2.10	2.00	1.80	1.57	1.40	1.16	0.88	0.78
Hispanic Female	0.60	0.60	0.50	0.50	0.40	0.44	0.40	0.32	0.27	0.27

Appendix Table 3a (from Figure 9c)						
Number of HIV Tests by Age Group, Florida, 2007- 2011						
	<13	13-19	20-29	30-39	40-49	50+
2007	668	62,015	138,870	62,224	41,024	22,961
2008	671	66,928	156,503	70,510	47,129	28,830
2009	586	67,396	166,565	75,524	49,517	33,450
2010	553	64,008	176,506	80,315	51,283	35,654
2011	459	57,543	179,634	85,843	54,288	40,494

Appendix Table 3b (from Figure 9c)						
HIV Seropositivity Rates by Age Group, Florida, 2007- 2011						
	<13	13-19	20-29	30-39	40-49	50+
2007	1.6%	0.3%	0.8%	2.2%	3.9%	3.0%
2008	2.1%	0.3%	0.8%	2.0%	3.5%	3.1%
2009	1.2%	0.3%	0.8%	1.7%	3.0%	2.5%
2010	0.2%	0.3%	0.8%	1.3%	2.4%	2.3%
2011	0.0%	0.3%	0.8%	1.2%	2.2%	2.1%

Appendix Table 4 (from Figure 17) HIV Seropositivity Among Select Risk Exposure Groups by Sex and Race/Ethnicity, Florida, 2011			
	MSM/IDU	MSM	IDU
White Male	5.4%	4.0%	0.3%
Black Male	8.6%	9.2%	3.7%
Hispanic Male	5.0%	5.3%	2.2%
White Female	n/a	n/a	0.5%
Black Female	n/a	n/a	3.0%
Hispanic Female	n/a	n/a	1.5%
Average for Risk Group	6.0%	5.6%	0.9%